

Clothing Allowance Reimbursement Form

Child's Name: _____ Tribal ID #: _____

Date of Birth: _____ Grade: _____

Itemized Receipt Listing	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: \$ _____

Please attach **ORIGINAL RECEIPTS** showing clothing purchases.

I certify that I personally purchased the products as itemized on the attached receipt for the above child.

Date

Signature of Person Submitting Request